

<div style="display: flex; justify-content: space-between;"> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div> SERIAL NO. 09/117210 <small>(APPLICATION)</small> </div> <div> FILING DATE JUL 24 1998 </div> </div>											
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
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4							54				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	10						TOTAL IND.				
TOTAL DEP.	12						TOTAL DEP.				
TOTAL CLAIMS	22						TOTAL CLAIMS				